Table 11

North Carolina Medicaid

State Fiscal Year 2001

Service Expenditures For Selected Major Medical Services By Program Category

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Type of Service		<u>Total</u>	Percent of Service <u>Dollars</u>	<u>Aged</u>	MQBQ* Medicaire Qualified Beneficiary		MQBB+MQBE Part B Premium Only		Blind	Disabled	Other Adult**	Children***	Alien & Refugees	Adjustments Unattributable To A Specific Category	
Inpatient Hospital	\$	800,302,588	14.6%	\$ 21,325,368	\$	85,681	\$	_	\$ 1,909,933	\$ 353,629,213	\$ 182,583,728	\$ 222,170,027	\$ 25,745,793	\$ (7,147	7,156
Outpatient Hospital		341,572,413	6.2%	30,296,578		218,488		2,497	1,042,153	135,715,933	89,272,568	86,699,559	891,773	(2,56	7,137
Mental Hospital (> 65)		12,708,709	0.2%	12,665,607		190		-	-	42,912	-	-	-	,	-
Psychiatric Hospital (< 21)		15,600,536	0.3%	-		-		-	3,702	4,850,222	22,362	10,734,137	-	('	9,887
Physician		533,997,448	9.8%	58,351,934		364,130		960	1,320,192	166,013,229	130,695,976	173,398,144	7,799,470	(3,94	6,587
Clinics		337,196,777	6.2%	11,666,128		57,064		274	635,754	156,896,947	37,017,669	132,225,702	1,023,565	(2,326	6,326
Nursing Facility:														·	
Skilled Level		403,691,200	7.4%	344,558,693		1,299		-	1,311,144	57,918,070	92,727	54,418	69	(24	5,220
Intermediate Level		436,964,073	8.0%	397,130,100		-		-	1,441,399	38,489,562	13	76,095	2,444	(17	5,539
Intermediate Care Facility															
(Mentally Retarded)		394,535,532	7.2%	20,204,309		-		-	6,964,696	364,224,158	14,401	3,190,616	-	(6	2,647
Dental		76,546,276	1.4%	6,889,395		-		-	131,440	17,719,932	14,065,455	37,796,282	112,035	(16	8,263
Prescription Drugs		927,240,693	17.0%	317,293,208		-		-	3,643,287	439,578,532	74,174,671	92,757,096	93,627		9,728
Home Health		123,227,285	2.3%	24,723,523		442		-	1,135,602	82,943,268	5,551,788	9,200,166	50,404	(37	7,908
CAP/Disabled Adult		195,685,776	3.6%	147,952,876		-		-	1,632,379	46,131,570	-	-	14,205	(4	5,254
CAP/Mentally Retarded		222,550,760	4.1%	4,516,853		-		-	2,413,244	213,492,098	-	2,506,630	-	(37	8,066
CAP/Children		16,571,899	0.3%	-		-		-	6,982	15,919,658	-	651,265	-	(1	6,006
Personal Care		113,353,293	2.1%	80,704,250		-		-	1,184,263	30,750,609	629,499	249,145	3,308		7,780
Hospice		13,049,220	0.2%	6,642,982		-		-	33,305	6,088,468	247,089	54,450	-	(1	7,075
EPSDT (Health Check)		37,250,236	0.7%	468		-		-	7,531	1,118,396	39,582	36,135,933	6,629	(5)	8,303
Lab & X-ray		18,248,087	0.3%	94,482		295		-	37,198	3,826,729	6,857,044	7,419,677	31,487	(1/	8,825
Adult Home Care		108,845,863	2.0%	66,638,546		-		(803)	325,619	41,941,109	5,951	16,165	-	(89	0,724
High Risk Intervention Residential****		5,937,046	0.1%	-		-		-	-	1,625,370	-	4,314,068	-	(2,393
Other Services		95,006,323	1.7%	11,650,708		29,290		-	332,318	32,211,853	23,637,524	27,320,170	133,253	(30	8,792
Total Services		5,230,082,033	95.6%	1,563,306,009		756,880		2,928	25,512,142	2,211,127,839	564,908,047	846,969,744	35,908,062	(18,40	9,617
Medicaire:														-	
Part A Premiums		39,766,027	0.7%	39,188,651		8,109		-	571,721	5,710	-	-	-	(8,164
Part B Premiums		135,509,189	2.5%	75,224,663		673,527	17,	,472,429	580,822	40,826,521	319,182	9,550	437	40	2,058
HMO Premiums		63,199,169	1.2%	765		-		-	163,567	18,405,445	16,730,977	27,895,321	3,094		-
Total Premiums		238,474,385	4.4%	114,414,079		681,636	17,	,472,429	1,316,110	59,237,677	17,050,159	27,904,871	3,530	390	3,894
Grand Total Services															
and premiums	\$:	5,468,556,418		\$ 1,677,720,089	\$	1,438,516	\$ 17,	,475,357	\$ 26,828,252	\$ 2,270,365,515	\$ 581,958,205	\$ 874,874,614	35,911,592	\$ (18,01	5,723

Note: Grand Total Expenditures do not include adjustments processed by DMA, settlements, Disproportionate Share Costs and State and County Administration costs.

^{*} Reflects expenditures for those who were eligible as QMBs at the end of the year. As a result, expenditures include more services than are available through QMB coverage (Medicare-covered services only).

^{**} Includes individuals covered under SOBRA Pregnant Women policies or individuals age 21 & Over under TANF or AFDC Related coverage.

^{***} Includes SOBRA Children, individuals under age 21 in TANF or AFDC Related coverages or Other Children in Foster Care.

^{****} High Risk Intervention Residential has been added to the type of service this year.